

Prevention Case Management

Date: _____

– Process Evaluation – (Example for 1 Intervention)¹

Agency Name/ID: _____

	Primary Population	Secondary Population
Risk Population Mark the risk population this form describes. This list reflects CDC's surveillance hierarchy of exposure categories. If an intervention serves multiple risk populations, choose one primary and one secondary risk population.	<ul style="list-style-type: none"> • MSM • MSM/IDU • IDU • Heterosexual • Mother with/at risk for HIV • General Public 	<ul style="list-style-type: none"> • MSM • MSM/IDU • IDU • Heterosexual • Mother with/at risk for HIV • General Public

Check which of the following best describes your agency:

- | | | | |
|---|--|---|---|
| <ul style="list-style-type: none"> • CBO - Minority Board • CBO - Non-Minority Board • Other Nonprofit | <ul style="list-style-type: none"> • State Health Department • Local Health Department • Other Government | <ul style="list-style-type: none"> • Academic Institution • Research Center | <ul style="list-style-type: none"> • Individual • Other |
|---|--|---|---|

Clients Who Received PCM Services With CDC Funds (M=male; F=female; T=transgender; U=unknown)	# 19 years old				20 – 29 years old				30 + years old				Age data not available				TOTAL
	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	
<i>American Indian/Alaska Native</i>																	
<i>Asian/Pacific Islander</i>																	
<i>White</i>																	
<i>Black</i>																	
<i>Other</i>																	
TOTAL																	

<i>Hispanic</i>																	
<i>Non-Hispanic</i>																	
TOTAL																	

¹ This form is an example that can be used to characterize the critical elements for each intervention of this type. If helpful, data from these forms can then be aggregated to meet the reporting needs described in *Volume 1: Guidance*.

Prevention Case Management—Process Evaluation
1 Intervention P. 2

In the table below, enter the number of people of each race or ethnicity who received
C only 1 PCM session,
C only 2 PCM sessions, and
C 3 or more PCM sessions

Type of Clients Receiving PCM	Only 1	Only 2	3+
<i>HIV-infected clients</i>			
<i>High-risk HIV-negative clients</i>			
<i>Unknown serostatus</i>			
Total			

Average number of prevention case management sessions per client: _____

Staffing and Expenditures

Number of full-time equivalent staff providing PCM whose salaries are funded by CDC: _____

Number of volunteers providing PCM: _____

CDC 99004 HIV Prevention funds that were expended
for carrying out all aspects of PCM: \$_____

In the left column, enter the number of referrals made during PCM to the services shown
in the table below. In the right column, enter the number of referrals that are known to
have been completed.

Service Types	Referrals Made to Service Types	Referrals Followed Through By Clients
<i>STD Clinic</i>		
<i>HIV Counseling & Testing</i>		
<i>Tuberculosis Clinic</i>		
<i>Drug Treatment</i>		
<i>Family Planning</i>		
<i>Mental Health</i>		
<i>HIV Early Intervention</i>		
<i>Other Medical Services</i>		
<i>Entitlement Program</i>		
<i>Job Skills/Acquisition</i>		
<i>HIV Partner Counseling and Referral</i>		
<i>Prevention Case Management</i>		
<i>Individual-Level Counseling</i>		
<i>Group-Level Counseling</i>		
<i>Other: _____</i>		